

<b>Case Number:</b>	CM13-0046298		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/13/2012
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	10/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiologist and is licensed to practice in Tennessee, North Carolina and Georgia. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 56-year-old female who reported an injury on April 13, 2012. The injured worker slipped and fell at work on her buttock with her left leg forward and her right leg backward and her right hand and head tilted to the right side and back. The injured worker's treatment history included x-rays, heat therapy, chiropractic sessions, medications, MRI studies, physical therapy, acupuncture sessions, and three surgeries. The injured worker had electro diagnostic testing on September 21, 2013, which revealed right ulnar neuropathy consistent with Guyon's canal syndrome and L4-5 SPF attenuation consistent with radiculopathy. The pathology had a chronic component. There was mild to moderate T8-T12 SPF attenuation consistent with radiculopathy and moderate right C5, marked left C7, and marked right C8 SPF attenuation consistent with radiculopathy. The injured worker had a urine drug screen on May 02, 2014 that was positive for citalopram and antidepressant; however, it was negative for all other prescribed medications. The injured worker had an MRI study done of the cervical spine on September 12, 2013 that revealed spondylotic change. At C3-4, there was a 1 to 2 mm posterior disc bulge resulting in mild bilateral neural foraminal narrowing in conjunction with uncovertebral osteophyte formation. Bilateral exiting nerve root compromise was seen. At C4-5, there was a 1 to 2 mm posterior disc bulge resulting in moderate to severe bilateral neural foraminal narrowing in conjunction with uncovertebral osteophyte formation. Bilateral exiting nerve root compromise was seen. At C5-6, there was a 2 to 3 mm posterior disc bulge resulting in severe bilateral neural foraminal narrowing in conjunction with uncovertebral osteophyte formation. Mild canal stenosis was seen. Bilateral exiting nerve root compromise was seen. At C6-7, there was a 1 to 2 mm posterior disc bulge without evidence of canal stenosis or neural foraminal narrowing. An MRI of the lumbar spine done on September 12, 2013 revealed grade I anterolisthesis at L4-5. At L2-3, there was a 1 to 2 mm posterior bulge resulting in moderate left and mild right neural

foraminal narrowing in conjunction with facet joint hypertrophy. Bilateral exiting nerve root compromise was seen. At L3-4, there was a 2 to 3 mm posterior bulge resulting in mild bilateral neural foraminal narrowing in conjunction with facet joint hypertrophy. Bilateral exiting nerve root compromise was seen. At L4-5, grade I anterolisthesis resulted in mild bilateral neural foraminal narrowing in conjunction with facet joint hypertrophy. Bilateral exiting nerve root compromise was seen. At L5-S1, there was a 1 to 2 mm posterior disc bulge without evidence of canal stenosis or neural foraminal narrowing. An MRI of the right shoulder done on September 12, 2013 revealed acromioclavicular osteoarthritis, bicipital tenosynovitis, subchondral cyst formation within the humeral head, supraspinatus tendinitis, infraspinatus tendinitis, and subscapularis tendinitis. The injured worker was evaluated on May 12, 2014 from orthopedic surgical consultation provider and it was documented the injured worker complained of right shoulder pain that was constant and severe, aggravated by repeated above shoulder level type of activities and strenuous activities with the right upper extremity. CS and LS pain were intermittent and moderate, becoming aggravated with activities involving bending, stooping, and twisting. Findings of the cervical spine revealed moderate to severe muscle spasm and pain on range of motion was present at the cervical spine. There was tenderness present at the posterior C spine and trapezius area. Range of motion was flexion was 40 degrees, extension was 50 degrees, left/right lateral flexion was 35 degrees, and left/right rotation was 70 degrees. The injured worker had right upper extremity radiculopathy. Radial pulses were felt and equal bilaterally. Blanching and refill of capillary circulation were adequate. Foraminal compression testing and Spurling's were positive bilaterally. On the examination of the right shoulder, there was severe tenderness present at the right acromioclavicular joint. There was severe tenderness at the right bicipital tendon groove. Shoulder range of motion on the right was flexion was 110 degrees, extension was 20 degrees, abduction was 100 degrees, adduction was 20 degrees, internal rotation was 50 degrees, and external rotation was 60 degrees. Speed's test for bicipital tendinitis was positive on the right. Neer's sign was positive on the right. Hawkin-Kennedy test was positive on the right. Yergason's test for bicipital tendinitis was positive on the right. Abrasion test for rotator cuff tendinopathy was positive on the right. The examination of the lumbar spine revealed moderate muscle spasm and pain on range of motion was present at the lumbar spine. There was midline tenderness present at the posterior LS spine. Dorsolumbar range of motion was flexion was 50 degrees, extension was 15 degrees, left/right lateral bending was 15 degrees, and left/right rotation was 20 degrees. Dorsal pedal pulses and posterior tibialis pulses were normal bilaterally. Lasègue's straight leg raise seated on the right and left was 70 degrees and Lasègue's straight leg raise supine on the right and left was 70 degrees. Diagnoses included cervical disc syndrome without myelopathy with MRI findings, cervical sprain/strain with right upper extremity radiculopathy with MRI findings, sprain/strain of right shoulder, tendinitis of right shoulder with MRI findings, right impingement syndrome with MRI findings, right subacromial bursitis with MRI findings, lumbar disc syndrome without myelopathy with MRI findings, and lumbar sprain/strain with MRI findings. The injured worker was evaluated on October 21, 2013 and it was documented the injured worker rated her pain level at 6/10 on the pain scale. Range of motion had improved since the last visit. The injured worker was not working. The strength was unchanged since the last visit. Physical therapy helped improve symptoms for the injured worker. Chiropractic treatments were very helpful. Medications were helpful. Objective findings; revealed range of motion of the cervical spine had abnormal findings. Neck palpation revealed tenderness. Upper extremities Finkelstein's test was negative. Phalen's sign was positive. There was a positive Tinel's. There was numbness in the upper extremity. Impingement signs were present. Range of motion of the right shoulder was abnormal. Range of motion of the left shoulder was normal. No abdominal distension was noted. Percussion over the abdomen revealed tympanic sounds in all four quadrants. The range of motion for the thoracic spine showed abnormal findings. Range of motion of the lumbar spine revealed tenderness over paraspinal area bilaterally to palpation. Straight leg raise was positive bilaterally. McMurray's test

was positive on the left side. Apley's test was positive on the left side. The medications included Neurontin. A Request for Authorization was not submitted for this review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

The Final Determination was based on decisions for the disputed items/services set forth below:

**Physical Therapy to the neck, upper back, low back, left knee, right shoulder, right elbow, and right wrist for a total of 16 sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The request is not medically necessary. The California MTUS Guidelines may support up to 10 visits of physical therapy for the treatment of unspecified myalgia and myositis to promote functional improvement. The documents submitted indicated the injured worker has received physical therapy. However, outcome measures were not submitted for review. The provider failed to indicate long-term functional goals. The request failed to include the body location where physical therapy sessions are required for the injured worker. On November 21, 2013, it was documented the injured worker had physical therapy for strengthening and to reduce pain. However, the injured worker stated that physical therapy did help her and range of motion had improved since last visit. Moreover, the request for 16 physical therapy sessions will exceed number of recommended amount of visits per guidelines. As such, the request for physical therapy to the neck, upper back, low back, left knee, right shoulder, right elbow, and right wrist for a total of 16 sessions is not medically necessary.

**Medrox:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) updated 3/21/12, Salicylate topicals

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113..

**Decision rationale:** The request is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state that any compounded product contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines state that there are no other commercially approved topical formulation of lidocaine (whether creams, lotions, or gels) that are indicated for neuropathic pain other than Lidoderm. The proposed gel contains methyl salicylate and menthol. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Formulations: Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post herpetic neuralgia, diabetic neuropathy and post mastectomy pain). There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Indications: There are positive

randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy. The request that was submitted failed to include dosage and quantity. As such, the request for Medrox is not medically necessary.

**Lumbar Support:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back -Lumbar and Thoracic (Acute and Chronic) updated 05/10/13), Lumbar Supports

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**Decision rationale:** The request for lumbar support is not medically necessary. The California MTUS/ACOEM Practice Guidelines states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The documents submitted on November 21, 2013 and May 12, 2014 indicated the injured worker had been provided the lumbar spine support however, the guidelines do not recommend this option as beneficial beyond the acute phase of symptom relief. There is no rationale provided to warrant the request for a lumbar back brace. Given the above, the request is not medically necessary.

**Wrist Splint:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-266.

**Decision rationale:** The request for wrist splint is not medically necessary. The California MTUS/ACOEM Practice Guidelines state that careful advice regarding maximizing activities within the limits of symptoms is imperative once red flags have been ruled out. Any splinting or limitations placed on hand, wrist, and forearm activity should not interfere with total body activity in a major way. Strict elevation can be done for a short period of time at regular intervals. There is no evidence of carpal tunnel to support the use of a wrist splint. As such, the wrist splint is not medically necessary.

**Prilosec:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms, and Cardiovascular Risk Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton pump inhibitors Page(s): 68-69..

**Decision rationale:** The requested is not medically necessary. Prilosec is recommended for

patients taking NSAIDs who are at risk of gastrointestinal events. The documentation did not indicate that the injured worker having gastrointestinal events however, the provider failed to indicate the frequency, dosage or quantity of medication on the request submitted for the injured worker. As such, the request for Prilosec is not medically necessary.

**Anaprox:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-steroidal anti-anti-inflammatory drugs), Page(s): 67.

**Decision rationale:** The requested is not medically necessary. The Chronic Pain Medical Treatment Guidelines recommend that naproxen is used as a second line treatment after acetaminophen. There is conflicting evidence that NSAIDs are more effective than acetaminophen for acute low back pain (LBP). For acute low back pain with sciatica, a recent Cochrane review (included 3 heterogeneous randomized controlled trials) found no differences in treatment with NSAIDs versus placebo. In patients with axial low back pain, this same review found that NSAIDs were not more effective than acetaminophen for acute low back pain and that acetaminophen have fewer side effects. The provider failed to indicate long-term functional goals and pain medication management for the injured worker. Although the injured worker continued to experience moderate to severe osteoarthritic and neuropathic pain, submitted documentation did not display any findings of improvement related to prior Anaprox use. Additionally, there was notation of medication induced gastritis and intolerance to NSAIDs, making continuation unwarranted. Moreover, the request failed to include frequency, dosage, quantity and duration for the medication. As such, the request for Anaprox is not medically necessary.

**Norflex:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants &Orphenadrine Norflex Page(s): 64 &65.

**Decision rationale:** The request is not medically necessary. California (MTUS) Chronic Pain Medical Guidelines recommend nonsedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic LBP. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. In addition, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. Norflex drug is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. This drug was approved by the FDA in 1959. Side Effects: Anticholinergic effects (drowsiness, urinary retention, dry mouth). Side effects may limit use in the elderly. This medication has been reported in case studies to be abused for euphoria and to have mood-elevating effects. Dosing: 100mg twice a day;

combination products are given 3 to 4 times a day. Duration of medication usage could not be determined with submitted documents. As per guidelines, muscle relaxants are for short-term treatment for acute exacerbations in patients with chronic low back pain. Additionally, the request failed to include frequency, quantity, dosage or duration of medication. As such, the request for Norflex is not medically necessary.

**Consult with psychologist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition, Chapter 7: Independent Medical Examinations and Consultations, page 127

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404..

**Decision rationale:** The request for referral to psychiatrist is not medically necessary. California MTUS/ACOEM Practice Guidelines states that specialty referral may be necessary when injured workers have significant psychopathology or serious medical comorbidities. Segmental illnesses are chronic conditions, so establishing a good working relationship with an injured worker may facilitate a referral or the return to work process. It is recognized that primary care physician and other nonpsychological specialists commonly deal with and try to treat psychiatric conditions. It is recommended that serious conditions such as severe depression and schizophrenia be referred to a specialist while common psychiatric conditions, such as mild depression, are referred to a specialist after symptoms continue for more than 6 to 8 weeks. The practitioner can use his or her best professional judgment in determining the type of specialist. Injured workers with more serious conditions may need a referral to a psychiatrist for medical therapy. The included medical documentation lacks evidence of significant deficits related to the injured worker's mental health. There are no signs and symptoms or diagnosis that would be congruent for a referral to a psychiatrist. As such, the request for consult with psychologist is not medically necessary.

**Consult with chiropractor:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition, Chapter 7: Independent Medical Examinations and Consultations, page 127

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) updated guidelines, Chapter 6, page 163

**Decision rationale:** The request for Consult with chiropractor is not medically necessary. American College of Occupational and Environmental Medicine Guidelines state that a consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work. There was no clear rationale to support the consultation. The documents that were submitted for review indicated the injured worker has already had chiropractic sessions; however, the outcome measurements were not submitted for this review. As the injured worker has already attended prior chiropractic sessions, consult with a chiropractor is not medically necessary.

**MRI of the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179..

**Decision rationale:** The request for magnetic resonance imaging of the cervical spine is not medically necessary. The ACOEM Practice Guidelines recommend imaging studies when physiologic evidence identifies specific nerve compromise on the neurologic examination. The provider indicated the injured had physical therapy; however, there were no outcome measurements. There is a lack of objective findings identifying specific nerve compromise to warrant the use of imaging. The provider failed to indicate the rationale why a repeat study is required. The injured worker has already undergone an MRI of the cervical spine on September 12, 2013. As such, the request for MRI of the cervical spine is not medically necessary.

**MRI of the right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 206.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

**Decision rationale:** The request for magnetic resonance imaging of right shoulder is not medically necessary. The ACOEM Practice Guidelines recommend imaging studies when physiologic evidence identifies emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems), physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon), and failure to progress in a strengthening program intended to avoid surgery. Clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment). Imaging studies may be considered for a patient whose limitations due to consistent symptoms persisted for one month or more, i.e., in cases: When surgery is being considered for a specific anatomic defect (e.g., a full thickness rotator cuff tear). Magnetic resonance imaging and arthrography have similar diagnostic and therapeutic impact and comparable accuracy although MRI is more sensitive and less specific. Magnetic resonance imaging may be the preferred investigation because it demonstrates soft tissue anatomy better. To further evaluate the possibility of potentially serious pathology, such as a tumor. The documents that were submitted for review indicated the injured worker had an MRI of the right shoulder on September 12, 2013. The provider failed to indicate the rationale why a repeat study is required. As such, the request for MRI of the right shoulder is not medically necessary.

**MRI of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305..

**Decision rationale:** The request for magnetic resonance imaging of the lumbar spine is not

medically necessary. The ACOEM Practice Guidelines recommend imaging studies when physiologic evidence identifies specific nerve compromise on the neurologic examination. The rationale for the request was to re-evaluate and rule out a lumbar disc syndrome. There is a lack of objective findings identifying specific nerve compromise to warrant the use of imaging. There is also no indication of red flag diagnoses or the intent to undergo surgery. The documents that were submitted on September 12, 2013 stated the injured worker had an MRI of the lumbar spine. The provider failed to indicate the rationale why a repeat study is required. As such, the request for MRI of the lumbar spine is not medically necessary.

**Nerve Conduction Study (NCS) of the cervical spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 62-63. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar & Thoracic (Acute & Chronic) updated 05/10/13, EMGs (electromyography)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The requested is not medically necessary. California MTUS/ACOEM Practice Guidelines state that electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than 3 or 4 weeks. The Official Disability Guidelines do not recommend nerve conduction studies as there is minimal justification for performing nerve conduction studies when an injured worker is presumed to have symptoms on the basis of radiculopathy. The systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. The management of spine trauma with radicular symptoms, EMG/nerve conduction studies often has low sensitivity and specificity in confirming root injury and there is limited evidence to support the use of often uncomfortable and costly EMG/NCVs. The provider's rationale for the request was not provided within the documentation. The included medical documents lack evidence of the injured worker's failure of conservative treatment. The physical exam noted tenderness and spasm. The guidelines do not recommend nerve conduction studies. The documentation that was submitted indicated the injured worker had an electrodiagnostic report on September 20, 2013. The provider failed to include the rationale why a repeat study is required. The request for nerve conduction study (NCS) of the cervical spine is not medically necessary.

**Nerve Conduction Study (NCS) of the thoracic spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 62-63. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar & Thoracic (Acute & Chronic) updated 05/10/13, EMGs (electromyography)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179..

**Decision rationale:** The requested is not medically necessary. California MTUS/ACOEM Practice Guidelines state that electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than 3 or 4 weeks. The Official Disability Guidelines do not recommend nerve conduction studies as there is minimal justification for performing nerve conduction studies when an injured worker is presumed to have symptoms on the basis of radiculopathy. The systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. The management of spine trauma with radicular symptoms, EMG/nerve conduction studies often has low sensitivity and specificity in confirming root injury and there is limited evidence to support the use of often uncomfortable and costly EMG/NCVS. The provider's rationale for the request was not provided within the documentation. The included medical documents lack evidence of the injured worker's failure of conservative treatment. The physical exam noted tenderness and spasm. The guidelines do not recommend nerve conduction studies. The documents that were submitted for review indicated the injured worker had an electrodiagnostic study done on September 20, 2013. The provider failed to indicate the rationale on why a repeat study is required. As such, the request for nerve conduction study (NCS) of the thoracic spine is not medically necessary.

**Nerve Conduction Study (NCS) of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 62-63. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar & Thoracic (Acute & Chronic) updated 05/10/13, EMGs (electromyography)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, NCV.

**Decision rationale:** The request for an NCV of the lumbar spine is not medically necessary. The Official Disability Guidelines state that an NCV is not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. There is a lack of documentation indicating positive provocative testing indicating pathology to the lumbar that revealed lack of functional deficits. The clinical note revealed low back pain with radiation to lower bilateral extremities. However, there is no evidence of a positive straight leg raise, sensation, motor strength, or reflex deficits. There is no indication of failure of conservative care treatment to include physical therapy and medication management. Furthermore, the guidelines do not recommend NCV for lower extremity. The documents that were submitted for review indicated the injured worker had an electrodiagnostic study done on September 20, 2013. The provider failed to indicate the rationale on why a repeat study is required. As such, the request for nerve conduction study (NCS) of the lumbar spine is not medically necessary.